APPLICATION FOR MEDIATION OR HEARING — FORM C
Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
PO Box 30016, Lansing, MI 48909

Submitted on behalf of  Insurance Company			☐ Self-Insured Employer		Attorney	Other		
Name of Employee (Last, First, MI)		Social Security Number			Date of Birth			
Employee Street Address		City			State	ZIP Code		
Name of Employer		County of Injury			Federal ID Numbe	er (if known)		
Traine of Employee			county or injury		i casta iz italizo (ii alterni)			
Employer Street Address		City			State	ZIP Code		
Date(s) of Injury	·							
Add other employer and date(s)	of injury							
Name of Employer to be Added			County of Injury			Federal ID Number (if known)		
Traine of Employer to be ridded			County of Injury			Tradition (in known)		
Street Address					State	ZIP Code		
Date(s) of injury to be added			INSURANCE CARRIER (DC			Γ FILL IN)		
1. 2.	1.	1.			2.			
3. 4.	3.	3.			4.			
Petition to stop weekly bene (Provide explanation below and a	ment)	nt) Petition to fix fees (Provide explanation below)						
Petition to recoup (Provide explanation below)			Add Funds (Specify name of Fund and provision of Act below)					
Petition to determine rights; e.g., dependency,			, Other					
AWW, etc. (Specify below)  Non-cooperation with vocational rehabilitation  (Provide a brief explanation of the issues below)								
(Provide explanation below)								
		LNNO						
Name of Party Submitting Form			NAIC or Sel		f-Insured Number (if applicable)			
Street Address			Name of Attr		orney (if applicable)			
Olifett Addiess			Name of At		Sincy (ii applicable)			
City	State	ZIP Co	de	Attorney ID N	lumber	Date		
				P-				
Name of Preparer (Please print)		Signatu	ure of Preparer			Telephone Number		
		ı				ı		
LARA is an equal opportunity employer/progra other reasonable accommodations are available with disabilities		Authority: Workers' Disability Compensation Act, 418.222; R408.34  Completion: Voluntary  Name  Name						
other reasonable accommodations are available upon request to individ with disabilities.								